

## EXHIBIT 2

New Jersey Department of  
Banking and Insurance  
ATTN: HINT Status Reports  
20 West State Street  
P.O. Box 325  
Trenton, NJ 08625-0325

**HINT Operational Status Report**

1. This is the:  
(Indicate one):
- ☐ First Report due on \_\_\_\_\_.
- ☐ Interim Report due on \_\_\_\_\_.
- ☐ Final Report due on \_\_\_\_\_.
2. The current status of the implementation of HINT electronic filing reports for health care benefit payment systems is:

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3. If compliance is not yet achieved, indicate when the requirements of N.J.A.C. 11:22-3 will be accomplished:

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4. What specific obstacles have been identified that may cause the filer NOT to comply with the timetable set forth in N.J.A.C. 11:22.

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5. Is the filer requesting an extension of time to comply with the timetable now or in the future?

\_\_\_\_\_ No \_\_\_\_\_ Yes

If yes, why: \_\_\_\_\_

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6. Is the filer requesting a waiver from compliance with the HINT Electronic System request now or in the future?

\_\_\_\_\_ No \_\_\_\_\_ Yes

If yes, why: \_\_\_\_\_

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7. Will the filer comply with the timetable for implementation of the additional transactions identified in N.J.A.C. 11:22-3.7?

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**\*8. Other issues:**

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\_\_\_\_\_ hereby certifies that the foregoing statements of fact are true and understand that he/she is subject to punishment for any intentional misstatements of fact.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name

\_\_\_\_\_  
Agency

\_\_\_\_\_  
Title of Signatory